FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

	For An A	uthorized Con	nmittee		Off	ice Use Only	
NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If typing, ty over the lines	rpe			
MCNULTY FOR CONGRE	SS						
ADDRESS (number and street)	P.O. Box 15	560					
Check if different							
than previously reported. (ACC)	Green Islan	d			NY L	12183	
2. FEC IDENTIFICATION NUI	MBER ¥	CITY A	1	ST	ATE A	ZIP CODE A STATE TOIS	STRICT
C00230417		3. IS THIS REPORT	NEW (N)	OR X	AMENDED (A)) 	
4. TYPE OF REPORT (0	Choose One)	(b) 12-Day F	PRE-Election Report	for the:			
X April 15 Quarterly	Report (Q1)		Primary (12P)		General (12G	Runoff	(12R)
			Convention (1	2C)	Special (12S)		
July 15 Quarterly I October 15 Quarter		Election of	on .			in the State of	•
January 31 Year-E	End Report (YE)	(c) 30-Day F	POST-Election Repo	ort for the:			
			General (30G)		Runoff (30R)	Specia	l (30S)
Termination Repo	rt (TER)	Election o	on			in the State of	
5. Covering Period 0 1	0 1	2007	through	03	3 1	2007	
I certify that I have examined this	-	-	edge and belief it is t	rue, correct and	d complete.		
Type or Print Name of Treasurer	John M	1cNulty					
Signature of Treasurer Electron	onically Filed by	John McNulty		Date	0.8	08 20	0 7
NOTE : Submission of false, erro	oneous, or incompl	ete information ma	ay subject the perso	n signing this F	Report to the pen	alties of 2 U.S.C 437	g .
Office Use Only						FEC FORM 3 (Revised 02/2003)	

Image# 27990466874

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name MCNULTY FOR CONGRESS ° D 03 2007 From: 0 1 0.1 2007 3 1 Report Covering the Period: To: **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 47425.00 47525.00 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 47425.00 47525.00 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 25109.60 63302.77 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 63302.77 25109.60 (subtract Line 7(b) from Line 7(a))...... Cash on Hand at Close of 218366.47 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name MCNULTY FOR CONGRESS ° D 0 1 2007 03 2007 From: 0 1 Report Covering the Period: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 15850.00 15850.00 (i) Itemized (use Schedule A)..... 1575.00 1675.00 (ii) Unitemized..... (iii) TOTAL of contributions 17425.00 17525.00 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 30000.00 30000.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 47425.00 47525.00 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 1512.52 2596.18 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 50121.18 48937.52

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS ———	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	25109.60	63302.77
	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate		
	(b) Of all Other Loans(c) TOTAL LOAN REPAYMENTS	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
:0.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	31305.00	36090.00
	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	56414.60	99392.77
	III. CASH SUMMA	ARY	
23.	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	225843.55
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	ge3)	48937.52
25.	SUBTOTAL (add Line 23 and Line 24)		274781.07
:6.	TOTAL DISBURSEMENTS THIS PERIOD (from Line	∋ 22)	56414.60
7.	CASH ON HAND AT CLOSE OF REPORTING PER	IOD	218366.47

SCHEDULE A (FEC Form 3)

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 44 (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
An or	ny information copied from such Reports and Si for commercial purposes, other than using the	atements ma	ay not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
۹.	Full Name (Last, First, Middle Initial) Tonio Burgos Mailing Address Tonio Burgos			Date of Receipt
	206 W. Shearwater Ct.	01-1-	7'- 0-1-	03 21 2007
	City Jersey City	State NJ	Zip Code 07305	Transaction ID: AA91F2E95ED3E442E8F0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Tonio Burgos & Associates, Inc. Receipt For: 2008 X Primary General Other (specify) ▼		on c/consultant Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) William Chen Mailing Address 183 Boxwood Dr			Date of Receipt
		03 12 2007		
	City Schenectady	State NY	Zip Code 12303-2550	Transaction ID: A22C4CD3E83B94C02A7E Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12505*2550	200.00
	Name of Employer Retired	Occupation Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 200.00	
-	Full Name (Last, First, Middle Initial) Duane Connell			Date of Receipt
	Mailing Address P.O. Box 446			$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: A1E4815FAB4B74D81887
	New Vernon	NJ	07976-0446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer The Connell Company	Occupation Executiv	on re Vice President	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4200.00
т.	OTAL This Period (last page this line number	onlv)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 44 (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	MCNULTY FOR CONGRESS			
۹.	Full Name (Last, First, Middle Initial) Grover Connell Mailing Address One Connell Drive			Date of Receipt
	City	State	Zip Code	0 2 2 7 2 0 0 7 Transaction ID: AA546068F2AC5455682F
	Berkeley Heights	NJ	07922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer The Connell Company Receipt For: 2008 X Primary General Other (specify) ▼	Occupation President Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Patricia Connell Mailing Address 207 Watchung Fork			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: ACB4DB10BB7CB44D9ADB
	Westfield	NJ	07090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer The Connell Company Receipt For: 2008	Occupation Director	n Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2000.00	
— Э.	Full Name (Last, First, Middle Initial) Shane Connell	•		Date of Receipt
	Mailing Address 119 Mosle Rd.			0 2 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: AAD6898DAEA18485798A
	<u>Far Hills</u>	NJ	07931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer The Connell Company		e Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 2000.00	
SI	UBTOTAL of Receipts This Page (optional)			6000.00
T	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 44 (check only one) X 11a 11b 11c 11d 11d 12 13b 14 15
Ai	ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS	d Statements may the name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial)	State NJ	Zip Code 07922	Date of Receipt M M / D D / 2 7 2 0 0 7 Transaction ID: A1715931485D241A5AA4 Amount of Each Receipt this Period 2000.00
	Name of Employer The Connell Company Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Senior V.		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Terry Connell Mailing Address One Connell Dr	Chata	7'n Oada	Date of Receipt O 2
	Ecity Berkeley Heights FEC ID number of contributing federal political committee. Name of Employer The Connell Company Receipt For: 2008 X Primary General	Occupation Treasure Election C	r ycle-to-Date ▼	Transaction ID: AFAE75AE35E674D83BC9 Amount of Each Receipt this Period 2000.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<u> </u>	Other (specify) ▼ Full Name (Last, First, Middle Initial) Pei-Fei Lee Mailing Address 421 Lincoln Dr. City Guilderland	State NY	Zip Code 12084	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: 2008 X Primary General Other (specify)	Occupation Retired Election C	ycle-to-Date 200.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	SUBTOTAL of Receipts This Page (optional)		4200.00
Т	OTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 44 (check only one) X 11a 11b 11c 11d 11d 13b 14 15
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS		
Full Name (Last, First, Middle Initial) Jennifer Schafer-Soderman Mailing Address 217 10th Street, NE City Washington FEC ID number of contributing federal political committee. Name of Employer Plug Power, Inc. Receipt For: 2008 X Primary General	State Zip Code DC 20002 C Occupation Consultant Election Cycle-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jay P. Urwitz Mailing Address 5201 Wissioming Ro	1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: A5A9302F03F8142FC846
<u>Bethesda</u>	MD 20816-3147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Information Requested Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) 7. Thomas Wu		Date of Receipt
Mailing Address 74 Huntersfield Rd		0 3
City	State Zip Code	Transaction ID: A6489A3C0C57C45BBA3I
<u>Delmar</u>	NY 12054-3820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer V.A. Hospital Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Medical Doctor Election Cycle-to-Date 200.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		1450.00
TOTAL This Period (last page this line numb	er only)	15850.00

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one) 11a
Ar or	ly information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) AICPA (Certified Public Accountants PAC) Mailing Address 1455 Pennsylvania	Avenue NW		Date of Receipt
	Suite 400			03 21 2007
	City Washington	State DC	Zip Code 20004-1081	Transaction ID: A8477E145E2764B37B40
	FEC ID number of contributing federal political committee.	C	20004-1081	Amount of Each Receipt this Period 2000.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) American Association for Justice, PAC			Date of Receipt
	Mailing Address 1050 31st Street, N	03 14 2007		
	City	State	Zip Code	Transaction ID: AF515406B86504332B68
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2500.00
	Name of Employer	Occupatio		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) American College of Radiology Association P.	AC		Date of Receipt
	Mailing Address 1891 Preston White	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A69B8C01636864980A90
	Reston FEC ID number of contributing federal political committee.	C	20191-4397	Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupatio	Limit Increased Due to Opponent's	
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)		5500.00
т	OTAL This Period (last page this line numb	per only)		

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one) 11a
An or	ny information copied from such Reports ar for commercial purposes, other than using	nd Statements ma the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) American Federation of Government			Date of Receipt
	Mailing Address Employees PAC 80 F Street NW			03 / 27 / 2007
	City Washington	State DC	Zip Code 20001	Transaction ID: A313958FE6C02464E90E Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) American Hospital Association PAC			Date of Receipt
	Mailing Address 325 Seventh Street Suite 700	03 14 2007		
	City	State	Transaction ID: AFC2BA342CFE749C2AD	
	Washington	DC	20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Occupation			Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u> </u>	Full Name (Last, First, Middle Initial) American Hospital Association PAC			Date of Receipt
	Mailing Address 325 Seventh Street Suite 700	, N.W.		03 28 2007
	City Washington	State DC	Zip Code 20004-2802	Transaction ID: A6FB699C70FA34CE6813 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 3000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optiona	l)		3500.00
T	OTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one) 11a
An	y information copied from such Reports an for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
۸.	Full Name (Last, First, Middle Initial) AMO-American Maritime Officers VPAF			Date of Receipt
	Mailing Address 490 L'Enfant Plaza Suite 7204	East SW		03 14 2007
	City Washington	State DC	Zip Code 20024	Transaction ID: AB4D6E403273A4BD1BFA Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) APMA Podiatry Political Action Comjittee	Date of Receipt		
	Mailing Address 9312 Old Georgetov	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$		
	City	State	Zip Code	Transaction ID: A3D45C57B783249EDB8D
	Bethesda	<u>MD</u>	20814-1621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election (Cycle-to-Date ▼	Speriding (2 0.5.C. 441a(I)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
D.	Full Name (Last, First, Middle Initial) Applied Materials, Inc. Politcal Action Commit	tee		Date of Receipt
	Mailing Address 20 Park Road, Suite	E		03 14 2007
	City Burlingame	State CA	Zip Code 94010-4443	Transaction ID: A037F738803F74026974 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election (Cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
SI	UBTOTAL of Receipts This Page (optional)		2500.00
т	OTAL This Period (last page this line numb	per only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 44 (check only one) 11a
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the I NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
\rangle	MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) General Electric Company PAC Mailing Address 1299 Pennsylvania Ave	NI VA/		Date of Receipt
	Suite 900			03 22 7 2007
	City Washington	State DC	Zip Code 20004	Transaction ID: A460E6808756041A0818 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Occupation			1
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
— В.	Full Name (Last, First, Middle Initial) Genworth Financial PAC			Date of Receipt
	Mailing Address 701 13th Street, NW Suite 710			03 27 2007
	City	State	Zip Code	Transaction ID: ACE906F449B15409FAB3
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Greenberg & Traurig			Date of Receipt
	Mailing Address 800 Connecticut Ave., N Suite 500	٧W		03 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20006	Transaction ID: A8EFF95193BF641209C2
	FEC ID number of contributing federal political committee.	C	20000	Amount of Each Receipt this Period 1000.00
	Name of Employer	e of Employer Occupation		
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4500.00
_	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one) 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and ac	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
۹.	Full Name (Last, First, Middle Initial) Honeywell PAC			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 500 West	e, NW		03 / 27 / Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: A7A758D36148349B3A1C
	Washington FEC ID number of contributing federal political committee.	C	20001	Amount of Each Receipt this Period 2500.00
	Name of Employer	Occupation	on	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General	Election	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2500.00	
3.	Full Name (Last, First, Middle Initial) Human Rights Campaign PAC			Date of Receipt
	Mailing Address 1640 Rhode Island Aver	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: A390DD19CDA704CB5976
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	on	Limit Increased Due to Opponent's
	Receipt For: 2008	Election	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
).	Full Name (Last, First, Middle Initial) National Air Traffic Controllers Assn.			Date of Receipt
	Mailing Address 1325 Massachusetts Av	enue, NW	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A09DCDAFA79854A05A65
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	on	Limit Increased Due to Opponent's
	Receipt For: 2008	Election	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00	
SI	UBTOTAL of Receipts This Page (optional)			4500.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC FO	orm 3)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44 (check only one) 11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such F or for commercial purposes, other the	leports and Statements man	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful MCNULTY FOR CONGRES	<i>'</i>		
Full Name (Last, First, Middle In National Association of Insurance	itial)		Date of Receipt
Mailing Address and Financi 2901 Telsta	al Advisors PAC r Ct.		03 14 2007
City	State VA	Zip Code	Transaction ID: A8FF95A9E292441D7A90
Falls Church FEC ID number of contributing federal political committee.	C	22042	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle In National Committee to Preserve Sc			Date of Receipt
10 G Street	d Medicare- PAC , NE, Ste 600	03 14 2007	
City Washington	State DC	Zip Code 20002-4215	Transaction ID: A198BC2635C51459FB69
FEC ID number of contributing federal political committee.	C	20002-4213	Amount of Each Receipt this Period
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2008 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle In National Community Pharmacists A			Date of Receipt
Mailing Address 100 Dainge			03 / 29 / 2007
City Alexandria	State VA	Zip Code 22314	Transaction ID: A9E3C13532F4B4EDBA13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupatio	Limit Increased Due to Opponent's	
Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page	e (optional)		4500.00
TOTAL This Period (last page this	line number only)		

SCHEDULE A (FEC Form	13)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44 (check only one) 11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Repo or for commercial purposes, other than i	ts and Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Full Name (Last, First, Middle Initial) Pacific Life Insurance Company PAC			Date of Receipt
Mailing Address 700 Newport C	enter Drive		03 14 2007
City	State	Zip Code	Transaction ID: A0F1B79D02054439CB96
Newport Beach	CA	92660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 3. Physical Therapy PAC PT-PAC			Date of Receipt
Mailing Address 1111 N. Fairfax	Street		03 27 2007
City	State	Zip Code	Transaction ID: A55AFD7BFAF704A92890
<u>Alexandria</u>	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) C. UAW V CAP	<u> </u>		Date of Receipt
Mailing Address 8000 East Jeffe	erson Ave.		03 14 2007
City	State	Zip Code	Transaction ID: A690143A18BC14FFE973
<u>Detroit</u>	MI	48214-3963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 441a(1)/441a-1)
Other (specify)		1000.00	
SUBTOTAL of Receipts This Page (op	itional)		3000.00
TOTAL This Period (last page this line	number only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one)
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) United Technologies Corporation PAC			Date of Receipt
	Mailing Address Suite 600 1401 Eye Street, NW			03 / 14 / 2007
	City	State	Zip Code	Transaction ID: A47595240775645F8B80
	Washington	DC	20005-6523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Election C	rycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) US Oncology Inc Good Government			Date of Receipt
	Mailing Address Committee 16825 Northchase Drive	e, Suite 130	00	03 / 14 / 2007
	City	State	Zip Code	Transaction ID: A58717859D04948739A6
	Houston	TX	77060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	30000.00

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page		R LINE NUMBER: PAGE 17 / 44 eck only one) 11a 11b 11c 11d 11d 12 13a 13b 14 14 15
	ry information copied from such Reports and Sta for commercial purposes, other than using the n				
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS				
۹.	Full Name (Last, First, Middle Initial) Pioneer Savings Bank Mailing Address 148 George Street			- - 	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Green Island	State NY	Zip Code 12183		Fransaction ID: A39B4A5E56EA4453FACC
	FEC ID number of contributing federal political committee.	C			1508.34
	Name of Employer Information Requested Receipt For: 2008 X Primary General Other (specify) ▼		on Requested ycle-to-Date ▼ 2585.44		ank Interest Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	•	1508.34
TOTAL This Period (last page this line number only)	•	1508.34

	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
٩n٠	Information copied from such Reports and Staten	ents may not be sold or used by	v anv person f	20a 20b 20c 21 for the purpose of solicating contributions
	or commercial purposes, other than using the nam			
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
	Full Name (Last, First, Middle Initial) Alchar Printing			Transaction ID: BC09251C58C4149EDI Date of Disbursement
	Mailing Address 602 Pawling Ave.			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
	City Troy	State Zip Code NY 12180		Amount of Each Disbursement this Period
	Purpose of Disbursement FR/invites-printing Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2008 Primary General Other (specify)	Туре	
	Full Name (Last, First, Middle Initial) American Express			Transaction ID: B74A0DBB6766A48E39 Date of Disbursement
	Mailing Address P.O. Box 360001			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&1&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}$
	City Fort Lauderdale	State Zip Code FL 33336-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card: See Below			1247.56 Refund or Disposal of Excess
	Candidate Name Category/ Type			Contributions Required Under 11 C.F.R. 400.53
		ement For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Aristotle International, Inc.			Transaction ID: B05CD7A831397470E9 Date of Disbursement
	Mailing Address 205 Pennsylvania Ave. SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} $
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement software/contract			1500.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	9 🗎	ement For: 2008 Primary General Other (specify)		
_	JBTOTAL of Disbursements This Page (optional)			3193.18

SCHEDULE B (FECFOIII 3)	Use seperate schedule(s)	FOR LINE I (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	(17
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 15716			Transaction ID: BFE01BB63EA8B40CC98 Date of Disbursement
City Wilmington	State Zip Code DE 19886-5716		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card: See Below Candidate Name	C	ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: Senate President State: Disbu	xrsement For: 2008 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: B17FEA7FCE8C14D8B93 Date of Disbursement
Mailing Address P.O. Box 15716			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} & \begin{bmatrix} D & D \\ D & Z \end{smallmatrix} & \begin{bmatrix} D & Y & Y & Y & Y \\ Z & D & D & T \end{bmatrix}$
City Wilmington Purpose of Disbursement	State Zip Code DE 19886-5716	•	Amount of Each Disbursement this Period 4737.51
Credit Card: See Below Candidate Name	C	ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu	rsement For: 2008 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Bellevue Woman's Hospital			Transaction ID: BAFF85B76A8074F3ABE Date of Disbursement
Mailing Address 2210 Troy Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$
City Schenectady	State Zip Code NY 12309		Amount of Each Disbursement this Period
Purpose of Disbursement Hon.Com. 5/2/07 event			150.00 Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	xrsement For: 2008 X Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (option	al)		5855.00
TOTAL This Period (last page this line number or	шу)		

S	CHEDULE B (FEC Form 3)	Hoo oor siista ashail 14/5/	FOR LINE	NUMBER: PAGE 20 / 44
	EMIZED DISBURSEMENTS	Use seperate schedule(s)	(check onl	
••	LIMILLO DIODOTIOLIMENTO	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Capitol Hill Suites			Transaction ID: B28CC06F6565B44949C8 Date of Disbursement
	Mailing Address 200 C Street SE			$ \begin{array}{c c} \begin{array}{c c} M & M \\ \hline \end{array} $ $ \begin{array}{c c} M & M \\ \end{array} $ $ \begin{array}{c c} D & B \\ \end{array} $ $ \begin{array}{c c} Y & Y & Y & Y \\ \hline \end{array} $ $ \begin{array}{c c} Y & Y & Y \\ \end{array} $ $ \begin{array}{c c} Y & Y & Y \\ \end{array} $
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement AirFare/lodging		, ,	2235.24 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D Senate President	isbursement For: 2008 X Primary General Other (specify)		[MEMO ITEM]
	State: District:			
В.	Full Name (Last, First, Middle Initial) Clement Frame & Art			Transaction ID: B59323F76F7E940458E5 Date of Disbursement
	Mailing Address 201 Broadway			12 15 / 2006
	City Troy	State Zip Code NY 12180		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign pictures/framing	0 0	853.20 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D Senate President	isbursement For: 2008 X Primary General Other (specify)		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) Clement Frame & Art			Transaction ID: B60DAE98093BC4B41A28 Date of Disbursement
	Mailing Address 201 Broadway			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Troy	State Zip Code NY 12180		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign pictures/framing			976.32 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	isbursement For: 2008 X Primary General Other (specify)		[MEMO ITEM]
_	State: District:			
	IIRTOTAL of Dishursements This Page (on			0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NU		PAGE 21 / 44
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17 18 20a 20b	19a 19b 20c 21
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS				
Full Name (Last, First, Middle Initial) Committee to Re-Elect Justice George B.	Ceresia, Jr.		Date of Disbursem	
Mailing Address P.O. Box 1322			01 09	['] 2007
City Troy	State Zip Code NY 12181-1322		Amount of Each Di	sbursement this Period
Purpose of Disbursement ticket 1/18/07 event Candidate Name		ategory/	Refund or Disp Contributions R 11 C.F.R. 400.	equired Under
	ement For: 2008 Primary General Other (specify)	Туре	11 G.F.R. 400.8	55
Full Name (Last, First, Middle Initial) Gilhooley Designs			Transaction ID: Bo	009B19D19015481CA ent
Mailing Address 829 Broadway			01 09	['] ^Y ^Y 2 0 0 7 ^Y
City Watervliet	State Zip Code NY 12189		Amount of Each Di	sbursement this Period
Purpose of Disbursement Banner 9/10/06			Refund or Disp	120.96 osal of Excess
Candidate Name		ategory/ Type	Contributions R 11 C.F.R. 400.5	equired Under
	ement For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Hebrew Academy of the Capital District			Date of Disburseme	
Mailing Address 54 Sand Creek Rd.			02 7	y 2007
City Albany	State Zip Code NY 12205		Amount of Each Di	sbursement this Period
Purpose of Disbursement Yearbook Ad 06/07			Refund or Disp	
Candidate Name		ategory/ Type	Contributions R 11 C.F.R. 400.5	
• 🗎	ement For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		▶		620.96
TOTAL This Period (last page this line number only)				• • • • • •
(page and mic namber only)		-		

S	CHEDULE B (FEC Form 3)		FOR LINE	NUMBER: PAGE 22 / 44
	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only	/ one)
•		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the na			or the purpose of solicating contributions
Λ	NAME OF COMMITTEE (In Full)			
V	MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Kingsmill Resort			Transaction ID: B14ADED4443E847B3A76 Date of Disbursement
	Mailing Address 1010 Kingsmill Road			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Williamsburg	State Zip Code VA 23185		Amount of Each Disbursement this Period
	Purpose of Disbursement Dem.Conf.		•	978.79 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under
		sement For: 2008 X Primary General Other (specify)		[MEMO ITEM]
	State: District:			
В.	Full Name (Last, First, Middle Initial) L'Enfant Plaza Hotel			Transaction ID: B23EE87AE6127485A8CE Date of Disbursement
	Mailing Address 480 L'Enfant Plaza, SV		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
	City Washington	State Zip Code DC 20024		Amount of Each Disbursement this Period
	Purpose of Disbursement mtgs./lodging			565.46 Refund or Disposal of Excess
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate President	sement For: 2008 X Primary General Other (specify)		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) National Democratic Club			Transaction ID: B79B88CE367764C74A33 Date of Disbursement
	Mailing Address 30 Ivy St., S.E.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} & \begin{smallmatrix} M \\ I & I \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ I & I \end{smallmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ I & O & I & Y \end{bmatrix} \end{bmatrix}$
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			157.07
	club charges Candidate Name Categor			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ÿ	sement For: 2008 X Primary General Other (specify)	Type	
_	State: District:	office (abecily) ▼		
 s	UBTOTAL of Disbursements This Page (optiona)		157.07

TOTAL This Period (last page this line number only)

ry Information copied from such Reports and State for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS	tor each category of the Detailed Summary Page ments may not be sold or used by an	check only one) X 17 18 19a 19b 20a 20b 20c 21 y person for the purpose of solicating contributions littee to solicit contributions from such committee
for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) National Democratic Club		Transaction ID: B8489F401B93644C9B Date of Disbursement
Mailing Address 30 Ivy St., S.E.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement club charges Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	sement For: 2008 (Primary General Other (specify)	
Full Name (Last, First, Middle Initial) National Democratic Club		Transaction ID: BDC7BDF9C82FE42FA Date of Disbursement
Mailing Address 30 Ivy St., S.E.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement club charges/dues Candidate Name		750.32 Refund or Disposal of Excess Contributions Required Under
	Ту	contributions Required Under 11 C.F.R. 400.53
• -	sement For: 2008 C Primary General Other (specify)	
Full Name (Last, First, Middle Initial) National Democratic Club		Transaction ID: B0A33CAE2F64642FE8 Date of Disbursement
Mailing Address 30 Ivy St., S.E.		03
City Washington	State Zip Code DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement club charges/mtgs.		Refund or Disposal of Excess
Candidate Name	Т	egory/ /pe Contributions Required Under 11 C.F.R. 400.53
• -	sement For: 2008 K Primary General	
President	Other (specify)	
		1266.71

SCHEDULE B (FEC Form 3)		′ Use sep	perate schedule(s)	FOR LINE		GE 24 / 44		
	EMIZED DI	SBURSEMEN	Detailed	n category of the d Summary Page		X 17 18 19a 20b 20c	19b 21	
						for the purpose of solicating co		
†	<u> </u>	·	ng the name and addr	ess of any political co	mmittee to s	olicit contributions from such c	ommittee	
		MITTEE (In Full)						
	MCNULTY FC	R CONGRESS						
	Full Name (Last, First, Middle Initial) New York League Of Conservation Voters/NYLCV			Transaction ID: BBED17DF6A96A47B Date of Disbursement				
	Mailing Address	30 Broad Stree 30th Floor	t			0 2 M / D 2 B / Y	ž 0 ŏ 7 ×	
	City New York		State NY	Zip Code 10004		Amount of Each Disburser	ment this Period	
	Purpose of Disb						1000.00	
	Sponsor-4/16/07 Candidate Name			l	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:	House Senate President	Disbursement For: X Primary Other (sp	2008 General pecify)				
	State:	District:						
	Full Name (Last, First, Middle Initial) Pioneer Savings Bank			Transaction ID: BF2DD8 Date of Disbursement				
Mailing Address 148 George Street				0 3 M / D 0 3 / Y Y Y 0 0 7 Y				
	City Green Island		State NY	Zip Code 12183		Amount of Each Disburser	ment this Period	
	Purpose of Disbursement 1120 POL Deposit-2006					Refund or Disposal of	1157.25	
	Candidate Name				Category/ Type	Contributions Required		
	Office Sought:	House Senate President	Disbursement For: X Primary Other (sp	2008 General Decify)				
	State:	District:						
	Full Name (Last, First, Middle Initial) Postmaster				Transaction ID: B1EF3932513754DA3B Date of Disbursement			
	Mailing Address	400 Broadway				01 09 / 4	2007	
	City Troy		State NY	Zip Code 12180-9998		Amount of Each Disburser		
	Purpose of Disbrestamps	ursement				Refund or Disposal of	78.00	
	Candidate Name	•			Category/ Type	Contributions Required		
	Office Sought:	House Senate President	Disbursement For: X Primary Other (sp	2008 General				
	State:	District:						

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only	
••		Detailed Summary Page	-	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
Ν	NAME OF COMMITTEE (In Full)			
/	MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Postmaster			Transaction ID: BA1815219FABC4255A4 Date of Disbursement
	Mailing Address 400 Broadway			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Troy	State Zip Code NY 12180-9998		Amount of Each Disbursement this Period
	Purpose of Disbursement stamps			78.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate X President	ement For: 2008 Primary General Other (specify)		
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Postmaster			Transaction ID: BC46170FD801646B3AA Date of Disbursement
	Mailing Address 400 Broadway			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$
	City Troy	State Zip Code NY 12180-9998	1	Amount of Each Disbursement this Period
	Purpose of Disbursement stamps			78.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate X President	ement For: 2008 Primary General Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Proctor's Theatre			Transaction ID: B62C4DC047230478388 Date of Disbursement
	Mailing Address 432 State Street			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \end{bmatrix} \begin{bmatrix} Y \\ P \end{smallmatrix} \begin{bmatrix} Y \\ \mathsf$
	City Schenectady	State Zip Code NY 12305		Amount of Each Disbursement this Period
	Purpose of Disbursement			250.00
	membership donation 2007 Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2008 Primary General Other (specify)	75-	
	State: District:	_ · · · · · · · · · · · · · · · · · · ·		
s	UBTOTAL of Disbursements This Page (optional)		<u></u>	406.00

TOTAL This Period (last page this line number only)

	EMIZED DISBURSEMENTS	Use seperate schedule for each category of the	e(s)	FOR LINE N (check only o		PAGE 26 / 44
		Detailed Summary Pag	ge	Х	20a 20b	19a 19b 20c 21
	Information copied from such Reports and Stater or commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full)					
	MCNULTY FOR CONGRESS					
	Full Name (Last, First, Middle Initial) Rensselaer County Democratic Committee	9			Transaction ID: B3 Date of Disburseme	9AC2946317A4987 <i>I</i> nt
	Mailing Address P.O. Box 988				$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	['] 2007
	City Troy	State Zip Code NY 12181			Amount of Each Dis	bursement this Period
	Purpose of Disbursement Sponsor/tckts 4/17/07 event		Г	v v	Defined as Disease	1000.00
	Candidate Name			ategory/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
	° 🗎 –	ement For: 2008 Primary Gener Other (specify)	al			
_	Full Name (Last, First, Middle Initial)				Transaction ID: R9	44640C1621F4C588
	Schenectady City Democratic Committee				Date of Disburseme	nt
	Mailing Address PO Box 569				$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	['] 2007
	City Schenectady	State Zip Code NY 12301			Amount of Each Dis	bursement this Period
	Purpose of Disbursement AD-5/10/07 event				Refund or Dispo	350.00
	Candidate Name		C	ategory/ Type	Contributions Re 11 C.F.R. 400.5	equired Under
	Office Sought: Senate President State: Disburse X	ement For: 2008 Primary Gener Other (specify)	al			
	Full Name (Last, First, Middle Initial) Section II Girls Basketball Tournament				Transaction ID: BE Date of Disburseme	BD12EE6CB9FB47C/
	Mailing Address c/o Sean Ward				02 08	['] 2007
	City Troy	State Zip Code NY 12180			Amount of Each Dis	bursement this Period
	Purpose of Disbursement Sponsor				Refund or Dispo	250.00
	Candidate Name			ategory/ Type	Contributions Re 11 C.F.R. 400.5	equired Under
	Senate X President	ement For: 2008 Primary Gener Other (specify)	al			
	State: District:					

	IEDULE B (FEC Form 3) MIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) Yage PAGE 27 / 44
			any person for the purpose of solicating contributions imittee to solicit contributions from such committee
\ NA	ME OF COMMITTEE (In Full) CNULTY FOR CONGRESS	,,	
	ll Name (Last, First, Middle Initial) ne Jewish World, Inc.		Transaction ID: BFE6910D96DB04F40 Date of Disbursement
Ma	ailing Address 299 School House Roa	d	02
City Alk	y bany	State Zip Code NY 12203	Amount of Each Disbursement this Period
Ad/	rpose of Disbursement /grtg. ndidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Off	Senate President	ement For: 2008 Other (specify)	
_	II Name (Last, First, Middle Initial) e Mailworks		Transaction ID: BEC6086412CD04750 Date of Disbursement
Ma	ailing Address 45 Prospect Ave.		01 03
City Alk	y bany	State Zip Code NY 12206	Amount of Each Disbursement this Period
	rpose of Disbursement FC-ty mailing		159.39 Refund or Disposal of Excess
	ndidate Name		Contributions Required Under Type 11 C.F.R. 400.53
Off	Senate President	ement For: 2008 ⟨ Primary General Other (specify) ▼	
	ll Name (Last, First, Middle Initial) ne Mailworks		Transaction ID: BA58C5B7C200943D! Date of Disbursement
Ма	ailing Address 45 Prospect Ave.		01 03
City Alk	y bany	State Zip Code NY 12206	Amount of Each Disbursement this Period
holi	rpose of Disbursement liday mailing		268.45 Refund or Disposal of Excess
	ndidate Name		ategory/ Type Contributions Required Under 11 C.F.R. 400.53
Off Sta	Senate President	ement For: 2008 Primary General Other (specify)	
Old	2.0		548.84

CHEDULE B (FECForm 3)	Use seperate schedule(s)	FOR LINE N	• ···· = -· ··	PAGE 28 / 44
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	17 18 20a 20b	19a 19b 20c 21
ly Information copied from such Reports and State for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS				
Full Name (Last, First, Middle Initial) The Mailworks			Transaction ID: BE Date of Disburseme	-
Mailing Address 45 Prospect Ave.			01 05	['] 2007
City Albany	State Zip Code NY 12206		Amount of Each Dis	sbursement this Period
Purpose of Disbursement postage/holiday mailing Candidate Name	C	Category/ Type	Refund or Dispo Contributions Re 11 C.F.R. 400.5	equired Under
° 🗎 –	ement For: 2008 Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) The Mailworks		Transaction ID: B76C0805 Date of Disbursement		ent
Mailing Address 45 Prospect Ave.			02 07	['] 2007
City Albany	State Zip Code NY 12206		Amount of Each Dis	sbursement this Period
Purpose of Disbursement postage/FR mailing			Refund or Dispo	
Candidate Name		Category/ Type	Contributions Re	
	ement For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) The Mailworks			Date of Disburseme	E48DA8BC10F54F63
Mailing Address 45 Prospect Ave.			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	['] 2007 [']
City Albany	State Zip Code NY 12206		Amount of Each Dis	sbursement this Period
Purpose of Disbursement mailing services			Refund or Dispo	137.84
Candidate Name	C	Category/ Type	Contributions Ro 11 C.F.R. 400.5	equired Under
• 🗎	ement For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				638.79
OTAL This Period (last page this line number only				
TIAL THIS FERIOU (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate sch for each category Detailed Summar	of the	FOR LINE N (check only	one)	PAGE 29 / 44 19a 19b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS					
Α.	Full Name (Last, First, Middle Initial) The Schuyler Inn				Transaction ID: Date of Disburse	BCE1CF760BB2444E38E8
	Mailing Address 575 Broadway				02 / 0	8 2007
		State Zip Co NY 1220			Amount of Each	Disbursement this Period
	Purpose of Disbursement catering/swearing-in reception Candidate Name			Category/	Contributions	600.00 sposal of Excess Required Under
			008 General	Туре	11 C.F.R. 40	0.53
В.	Full Name (Last, First, Middle Initial) Time Warner Cable				Transaction ID: Date of Disburse	BEA80FEB3DBAB4EFB97
	Mailing Address 130 Washington Ave. Ext.				01 0	9 2007
	,	State Zip Co NY 1220	de 3-5336		Amount of Each	Disbursement this Period
	Purpose of Disbursement internet service Candidate Name		C	Category/ Type		44.95 sposal of Excess Required Under 0.53
			008 General			
C.	Full Name (Last, First, Middle Initial) Time Warner Cable				Date of Disburse	
	Mailing Address 130 Washington Ave. Ext.				01 1	6 Y 2007
		State Zip Co NY 1220:	de 3-5336		Amount of Each	Disbursement this Period
	Purpose of Disbursement internet service Candidate Name			Category/		44.95 sposal of Excess Required Under 0.53
	9 🗎 –		008 General	1,700		
	UBTOTAL of Disbursements This Page (optional) .					689.90

18 19a 19b 20b 20c 21 Dose of solicating contributions outions from such committee ction ID: B712B1BEF2C614D3F Disbursement
ction ID: B712B1BEF2C614D3F Disbursement
Disbursement '
Disbursement '
Disbursement '
t of Each Disbursement this Period 44.95 und or Disposal of Excess attributions Required Under
44.95 und or Disposal of Excess ntributions Required Under
und or Disposal of Excess
ntributions Required Under
ction ID: B6D93D43381444D0D Disbursement
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
t of Each Disbursement this Period
44.95 und or Disposal of Excess
ntributions Required Under C.F.R. 400.53
ction ID: B629FA40F8E3A4E6C Disbursement
$\begin{array}{c c} & \begin{array}{ccccccccccccccccccccccccccccccccccc$
t of Each Disbursement this Period
44.95
44.95 und or Disposal of Excess ntributions Required Under C.F.R. 400.53
und or Disposal of Excess htributions Required Under
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TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	_	NUMBER: PAGE 31 / 44
ΙΤ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 130 Washington Ave. E	v.t		Transaction ID: BB487F342E9C644409DA Date of Disbursement 0 3
	Mailing Address 130 Washington Ave. E	State Zip Code		Amount of Each Disbursement this Period
	Albany	NY 12203-5336		44.05
	Purpose of Disbursement internet service			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For: 2008 C Primary General Other (specify)		
_	State: District: Full Name (Last, First, Middle Initial)			
В.	US Airways.com			Transaction ID: BBE6FD557879748AC82I Date of Disbursement
	Mailing Address INTERNET SITE			12 01 7 2006
	City Pittsburgh	State Zip Code PA 15264-1170		Amount of Each Disbursement this Period
	Purpose of Disbursement mtg./travel			682.10 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	· -	sement For: 2008 C Primary General Other (specify)		[MEMO ITEM]
	State: District:			
C.	Full Name (Last, First, Middle Initial) Verdile's Restaurant			Transaction ID: B9D4787B7FF0C4C2C93 Date of Disbursement
	Mailing Address 115th Street & 2nd Ave	nue		12 7 30 7 2006
	City Troy	State Zip Code NY 12182		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	130.84
	campaign mtg. Candidate Name Category/ Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		sement For: 2008 K Primary General Other (specify)	1,700	[MEMO ITEM]
	State: District:			
s	UBTOTAL of Disbursements This Page (optional))		44.95

TOTAL This Period (last page this line number only)

		BBURSEMEN	TS Use se	perate schedule(s) h category of the d Summary Page	(check only	NUMBER: PAGE 32 / 44
						for the purpose of solicating contributions
NAI	ME OF COMM	MITTEE (In Full) R CONGRESS	ig the name and add	ress or any political	committee to so	licit contributions from such committee
A. Vei	I Name (Last, I rizon iling Address	First, Middle Initial) PO Box 1100				Transaction ID: B8E7DADA38719458EBF8 Date of Disbursement O 1 D D D V Y Y Y O O 7
	any		State NY	Zip Code 12250-0001		Amount of Each Disbursement this Period
cell	rpose of Disburular changes ndidate Name	rsement			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offi	ice Sought:	House Senate President District:	Disbursement Form X Primary Other (s	2008 General pecify) ▼		
D	l Name (Last, I rizon	First, Middle Initial)				Transaction ID: B9D07EBCEAC254CFB8Al Date of Disbursement
Mai	iling Address	PO Box 1100				$ \begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0$
Pur	y Dany rpose of Disbur one charges	rsement	State NY	Zip Code 12250-0001	v v	Amount of Each Disbursement this Period 122.55 Refund or Disposal of Excess
· ·	ndidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Offi	ice Sought:	House Senate President District:	Disbursement Form X Primary Other (s	2008 General pecify) ▼		
	l Name (Last, F	First, Middle Initial)				Transaction ID: B0D7FAC0A26FB4509AE6 Date of Disbursement
Mai	iling Address	PO Box 1100				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Alb	/ pany		State NY	Zip Code 12250-0001		Amount of Each Disbursement this Period
pho	rpose of Disbur one charges ndidate Name	rsement			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offi	ice Sought:	House Senate President District:	Disbursement For X Primary Other (s	2008 General	711 -	
		ursements This Page	(ontional)			304.04
		(last page this line nu				

	DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b
Any Information	copied from such Reports and Sta	atements may not be sold or used	by any person	20a 20b 20c 21 for the purpose of solicating contributions
				olicit contributions from such committee
\	COMMITTEE (In Full) ' FOR CONGRESS			
Full Name (L A. Verizon	ast, First, Middle Initial)			Transaction ID: B95913B10A7B14893A4 Date of Disbursement
Mailing Addr	ress PO Box 1100			01
City Albany		State Zip Code NY 12250-0001		Amount of Each Disbursement this Period
Purpose of I phone charg Candidate N			Category/	Refund or Disposal of Excess Contributions Required Under
Office Sough	nt: House Disb Senate President District:	ursement For: 2008 X Primary General Other (specify) ▼	Type	11 C.F.R. 400.53
Full Name (L B. Verizon	ast, First, Middle Initial)			Transaction ID: BC67E7BB1B6D24B4A9 Date of Disbursement
Mailing Addr	ress PO Box 1100			01
City Albany		State Zip Code NY 12250-0001		Amount of Each Disbursement this Period
phone charg				Refund or Disposal of Excess Contributions Required Under
Candidate N		0000	Category/ Type	11 C.F.R. 400.53
Office Sougl State:	nt: House Disb Senate President District:	ursement For: 2008 X Primary General Other (specify) ▼		
Full Name (L Verizon	ast, First, Middle Initial)			Transaction ID: BA9D131607604442980 Date of Disbursement
Mailing Addr	ress PO Box 1100			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & 1 & M \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & O & N \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T & Y \\ \end{smallmatrix}$
City Albany		State Zip Code NY 12250-0001		Amount of Each Disbursement this Period
phone charg				77.13 Refund or Disposal of Excess
Candidate N			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sough	Senate President	ursement For: 2008 X Primary General Other (specify) ▼		
State:	District:			
SUBTOTAL of	Disbursements This Page (option	nal)		201.44

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NU		AGE 34 / 44
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		7 18 19a 20a 20b 20c	19b 21
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS				
Full Name (Last, First, Middle Initial) A. Verizon			ransaction ID: B6CE1 ate of Disbursement	
Mailing Address PO Box 1100			01	2 0 0 7 °
	State Zip Code NY 12250-0001	A	mount of Each Disburse	
Purpose of Disbursement cellular charges Candidate Name		ategory/ Type	Refund or Disposal of Contributions Require 11 C.F.R. 400.53	
	ment For: 2008 Primary General Other (specify)	1,700		
Full Name (Last, First, Middle Initial) 3. Verizon		[ransaction ID: B08E0I ate of Disbursement	
Mailing Address PO Box 1100			02	2 0 0 7 Y
,	State Zip Code NY 12250-0001	A	mount of Each Disburse	
Purpose of Disbursement phone charges Candidate Name	C	ategory/	Refund or Disposal of Contributions Require 11 C.F.R. 400.53	
Office Sought: House Senate President State: Disburse		Туре	11 0.1 .11. 400.55	
Full Name (Last, First, Middle Initial) Verizon			ransaction ID: B495Es tate of Disbursement	
Mailing Address PO Box 1100			02	2007
	State Zip Code NY 12250-0001	A	mount of Each Disburse	
Purpose of Disbursement cellular charges			Refund or Disposal of	
Candidate Name		ategory/ Type	Contributions Require 11 C.F.R. 400.53	d Under
Office Sought: Senate President State: Disburset X Disburset	ment For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		• [334.24
TOTAL This Period (last page this line number only)				• • • • •

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	_	NUMBER:	PAGE 35 / 44
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 20a 20b	19a 19b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS				
۸.	Full Name (Last, First, Middle Initial) Verizon			Date of Disbursen	
	Mailing Address PO Box 1100			02 02 8	2007
		State Zip Code NY 12250-0001		Amount of Each D	isbursement this Period
	Purpose of Disbursement phone charges Candidate Name		Category/ Type		65.33 Dosal of Excess Required Under 53
		ement For: 2008 Primary General Other (specify)	1,750		
3.	Full Name (Last, First, Middle Initial) Verizon			Date of Disbursen	
	Mailing Address PO Box 1100			02 02 8	3 / Y 2007
	•	State Zip Code NY 12250-0001		Amount of Each D	bisbursement this Period
	Purpose of Disbursement phone charges				63.69 oosal of Excess
	Candidate Name		Category/ Type	Contributions 1 11 C.F.R. 400	Required Under 53
		ement For: 2008 Primary General Other (specify)			
Э.	Full Name (Last, First, Middle Initial) Verizon			Transaction ID: E	BEFD88B729B2E41218
	Mailing Address PO Box 1100			03 / 15	2007
		State Zip Code NY 12250-0001		Amount of Each D	isbursement this Period
	Purpose of Disbursement phone charges			Refund or Disp	60.29 posal of Excess
	Candidate Name		Category/ Type		Required Under
	* H	ement For: 2008 Primary General Other (specify)			
S	UBTOTAL of Disbursements This Page (optional) .				189.31
	OTAL This Period (last page this line number only)				
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 36 / 44
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a 19b 20a 20b 20c 21
		any person for the purpose of solicating contributions mmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS		
Full Name (Last, First, Middle Initial) Verizon		Transaction ID: B2B1B1F63322A4F79 Date of Disbursement
Mailing Address PO Box 1100		0 3 7 2 7 7 2 0 0 7
City Albany	State Zip Code NY 12250-0001	Amount of Each Disbursement this Period
Purpose of Disbursement phone charges Candidate Name	C	Category/ Type 63.69 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
9 🗎	sement For: 2008 X Primary General Other (specify)	Турс
Full Name (Last, First, Middle Initial) Verizon		Transaction ID: B000EC853B221407D Date of Disbursement
Mailing Address PO Box 1100		0 3 7 2 7 7 2 0 0 7
City Albany	State Zip Code NY 12250-0001	Amount of Each Disbursement this Period
Purpose of Disbursement cellular charges		93.25 Refund or Disposal of Excess
Candidate Name		Category/ Type Contributions Required Under 11 C.F.R. 400.53
	xsement For: 2008 X Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Verizon		Transaction ID: B5FA92532AAAC41F3
Mailing Address PO Box 1100		03
City Albany	State Zip Code NY 12250-0001	Amount of Each Disbursement this Period
Purpose of Disbursement phone charges		68.26 Refund or Disposal of Excess
Candidate Name	C	Category/ Type Contributions Required Under 11 C.F.R. 400.53
	x Primary General Other (specify)	
'	n.	225.20
SUBTOTAL of Disbursements This Page (optional		
TOTAL This Period (last page this line number on	y)	

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SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 37/44 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS Full Name (Last, First, Middle Initial) Transaction ID: B326F5DD00C864FCFAD5 Web Services Group Date of Disbursement 06 0 2 2007 Mailing Address 4 Interstate Ave. City State Zip Code Amount of Each Disbursement this Period NY 12205 Albany 2937.51 Purpose of Disbursement computer hardware Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: 2008 X Primary General Senate President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: B0F3486059E7A4371B3F Web Services Group Date of Disbursement 06 0 2 2007 Mailing Address 4 Interstate Ave. City State Zip Code Amount of Each Disbursement this Period 12205 Albany NY

Category/

Type

721.71

Refund or Disposal of Excess Contributions Required Under

11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3659.22
TOTAL This Period (last page this line number only)	•	22304.95

2008

General

Disbursement For:

X Primary

Other (specify)

Purpose of Disbursement software support

House

Senate

District:

President

Candidate Name

Office Sought:

State:

SCHEDULE B (FECFOIII 3)	Use seperate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
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NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Full Name (Last, First, Middle Initial) Albany County Democratic Committee Mailing Address 22 Colvin Ave.			Transaction ID: BCD6A6B35C4784EC09 Date of Disbursement M M M / D D D / Y Y Y O Y O T
City Albany	State Zip Code NY 12206		Amount of Each Disbursement this Period
Purpose of Disbursement tickets 4/4/07 event Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
• 🗎	ement For: 2008 (Primary General Other (specify)	Туре	11 G.I .n. 400.35
Full Name (Last, First, Middle Initial) American-Irish Legislators Society	,		
Mailing Address c/o Assemblyman Jack Legislative Office Bldg.			
City Albany	State Zip Code NY 12248		Amount of Each Disbursement this Period
Purpose of Disbursement tickets 3/12/07 event Candidate Name		Category/	280.00 Refund or Disposal of Excess Contributions Required Under
	ement For: 2008 Primary General Other (specify)	Туре	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Colonie Democratic Committee			Transaction ID: B46EC26B4BF3C43EC9 Date of Disbursement
Mailing Address 12 Paul Holly Drive			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} Y$
City Loudonville	State Zip Code NY 12211		Amount of Each Disbursement this Period
Purpose of Disbursement tickets 3/30/07 event			200.00 Refund or Disposal of Excess
Candidate Name	Candidate Name Cate		
°	ement For: 2008 Primary General Other (specify)		
1			1480.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only	')		

SCHEDULE B (FEC Form 3)

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or committee. NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS A. Committee To Elect Bob Reilly Mailing Address 19 Louise Drive City Latham Purpose of Disbursement tickets 2/28/07 event Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Committee to Re-Elect Justice George B. Ceresia, Jr. Mailing Address P.O. Box 1322 City NY 12181-1322 Purpose of Disbursement this Period Transaction ID: B530513215B71499Fl Date of Disbursement this Period Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Amount of Each Disbursement this Period Transaction ID: B530513215B71499Fl Date of Disbu	ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	y one) 17	19a 19b		
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Office Sought: House Senate President State: District: Disbursement For: 2008 X Primary General Other (specify) Other (specify)							
Senate	Candidate Name	Туре			quired Under 3		
	Senate X President	Primary General					
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ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	
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NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS			
Full Name (Last, First, Middle Initial) A. Disabled American Veterans Meiling Address - DO Boy 14004			Transaction ID: BEFE956EA3282495BB99 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 14301			
City Cincinnati	State Zip Code OH 45250		Amount of Each Disbursement this Period
Purpose of Disbursement 2007 Annual Fund			Refund or Disposal of Excess Contributions Required Under
Candidate Name		Category/ Type	11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: 2008 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: B9BA5DE96013C48A5A4
Friends Of Charlie Diamond			Date of Disbursement O 3
Mailing Address c/o Michael Reinfurt, T P.O. Box 333	Mailing Address c/o Michael Reinfurt, Treasurer P.O. Box 333		
City Watervliet	State Zip Code NY 12189		Amount of Each Disbursement this Period
Purpose of Disbursement tickets 4/20/07 event	Г	•	1000.00
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: 2008 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Friends of Mike Breslin			Transaction ID: B10D5B2E67DAB4326BA Date of Disbursement M
Mailing Address 219 River Road	Mailing Address 219 River Road		
City Glenmont	State Zip Code NY 12077		Amount of Each Disbursement this Period
Purpose of Disbursement tickets 3/1/07 event	12077	• •	250.00
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: 2008 X Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional	al)		1350.00
TOTAL This Period (last page this line number or	ly)		

	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 41 / 44 / v one) 17	
	y Information copied from such Reports and Stat or commercial purposes, other than using the na				
\rangle	NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS	,,			
	Full Name (Last, First, Middle Initial) Friends of Senator Neil Breslin			Transaction ID: B81EC4253E7F84E279 Date of Disbursement	
	Mailing Address 15 Pinedale Ave.		03 7 15 7 2007		
	City Delmar	State Zip Code NY 12054		Amount of Each Disbursement this Period	
	Purpose of Disbursement tickets 3/26/07 event Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu Senate President State: District:	rsement For: 2008 X Primary General Other (specify)	Туре		
	Full Name (Last, First, Middle Initial) Gillibrand for Congress			Transaction ID: BFDC94F0FB3614DDB Date of Disbursement	
	Mailing Address P.O. Box 1279 514 Warren Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$	
	City Hudson	State Zip Code NY 12534		Amount of Each Disbursement this Period	
	Purpose of Disbursement contri. (20th C.D.N.Y.)			2000.00 Refund or Disposal of Excess	
	Candidate Name	,	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu Senate President State: District:	rsement For: 2008 X Primary General Other (specify) ▼			
	Full Name (Last, First, Middle Initial) Gillibrand for Congress			Transaction ID: B7AB3B01A1E6D4B69ADate of Disbursement	
	Mailing Address P.O. Box 1279 514 Warren Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 7 \end{smallmatrix} \end{bmatrix}$	
	City Hudson	State Zip Code NY 12534		Amount of Each Disbursement this Period	
	Purpose of Disbursement contri. (20th C.D.N.Y.)			2000.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu Senate President State: District:	rsement For: 2008 Primary X General Other (specify)			
_	UBTOTAL of Disbursements This Page (optional	al)		4600.00	

SCHEDULE B (FEC Form 3)

TEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only	y one)	
	Detailed Summary Page	E	17 18 19a 19b 20a 20b 20c X 21	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
MCNULTY FOR CONGRESS				
Full Name (Last, First, Middle Initial)			Transaction ID: B94D78794CE5844FB87	
Hillary Clinton for President Exploratory C	fillary Clinton for President Exploratory Committee			
Mailing Address 420 Lexington Avenue Suite 3030				
City New York	State Zip Code NY 10170		Amount of Each Disbursement this Period	
Purpose of Disbursement		•	2300.00	
ticket for 3/13/07 event			Refund or Disposal of Excess Contributions Required Under	
Candidate Name		Category/ Type	11 C.F.R. 400.53	
Office Sought: House Disburs Senate President	ement For: 2008 Primary X General Other (specify) ▼			
State: District:	(-			
Full Name (Last, First, Middle Initial)			Transaction ID: B660D54EB64224B2C8	
Hillary Clinton for President Exploratory C	ommittee		Date of Disbursement	
Mailing Address 420 Lexington Avenue Suite 3030				
City New York	State Zip Code NY 10170		Amount of Each Disbursement this Period	
Purpose of Disbursement			2300.00	
tickets for 3/18/07 event			Refund or Disposal of Excess	
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Senate X President	ement For: 2008 Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Homeless Action Committee			Transaction ID: BA5BDE3BC11F042FF9 Date of Disbursement	
Mailing Address 393 N. Pearl St.	Mailing Address 393 N. Pearl St.			
City Albany	State Zip Code NY 12207		Amount of Each Disbursement this Period	
Purpose of Disbursement donation-3/9/07 event			250.00 Refund or Disposal of Excess	
Candidate Name	C	Category/	Contributions Required Under 11 C.F.R. 400.53	
Senate X President	ement For: 2008 Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		>	4850.00	
TOTAL This Povind (lost page this line purely and the				
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)

			17 18 19a 19b 20a 20b 20c X 21 or the purpose of solicating contributions licit contributions from such committee
r for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS Full Name (Last, First, Middle Initial) New York State Conservative Party Mailing Address 486 78th Street City			licit contributions from such committee
NAME OF COMMITTEE (In Full) MCNULTY FOR CONGRESS Full Name (Last, First, Middle Initial) New York State Conservative Party Mailing Address 486 78th Street City			
New York State Conservative Party Mailing Address 486 78th Street City			
City			Transaction ID: BE84027A8E4C34340B
			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 9 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 7 & 0 \end{bmatrix}$
	State Zip Code NY 11209-5644		Amount of Each Disbursement this Period
Purpose of Disbursement ticket 3/28/07 event Candidate Name	[Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ment For: 2008 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) New York State Democratic Committee			Transaction ID: BC3AC0A04A1E647318 Date of Disbursement
Mailing Address 60 Madison Ave Suite 1201			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & Q & O & T \end{bmatrix}$
,	State Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement contribution Candidate Name	[Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ment For: 2008 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) New York State High School Girls Basketbe	all Championshi-		Transaction ID: BBC828D8330B24B39B Date of Disbursement
Mailing Address 316 Highland Drive			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code NY 12303		Amount of Each Disbursement this Period
Purpose of Disbursement bkfst./Sponsorship		•	250.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
·	ment For: 2008 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .			5750.00
TOTAL This Period (last page this line number only)			5750.00

	ZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only		PAGE 44 / 44 19a
	mation copied from such Reports and Staten nmercial purposes, other than using the nam				
NAME	E OF COMMITTEE (In Full) ULTY FOR CONGRESS	, , , , , , , , , , , , , , , , , , ,			
	ame (Last, First, Middle Initial)				2B2E8A23906446FA
	nectady County Democratic Committ g Address 664 Sacandaga Road	ee		Date of Disbursemen	1t
City Scoti	a	State Zip Code NY 12302		Amount of Each Disl	oursement this Period
	se of Disbursement s 3/24/07 event			Refund or Dispos	140.00
Candi	Candidate Name Category/ Type			Contributions Re	quired Under
Office State:	Senate X President	ement For: 2008 Primary General Other (specify)			
	ame (Last, First, Middle Initial)			Transaction ID: RO	 D9B76DDAD854C6 <i>A</i>
 Unity 	Unity House of Troy			Date of Disbursemer	nt
Mailin	Mailing Address 33 Second Street			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	^Y ^Y ^Y ^O O O O O
City Troy		State Zip Code NY 12180		Amount of Each Disl	oursement this Period
	Purpose of Disbursement donation			Defund or Diana	150.00
	date Name		Category/ Type	Refund or Dispos Contributions Re 11 C.F.R. 400.53	quired Under
Office State:	Senate X President	ement For: 2008 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial) Watervliet Democratic Committee		Transaction ID: BD Date of Disbursemen	79A9EE1456948BA	
Mailin	Mailing Address 1312 4th Avenue			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2007
City Wate	ervliet	State Zip Code NY 12189		Amount of Each Disl	oursement this Period
	Purpose of Disbursement tickets 3/24/07 event		•	Refund or Dispos	270.00
	date Name		Category/ Type	Contributions Re	quired Under
Office State:	Senate X President	ement For: 2008 Primary General Other (specify)			
	TAL of Disbursements This Page (optional)				560.00
					29190.00
IUIAL	This Period (last page this line number only)	١			₹3 1 30.00